2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 18, 2009
Secretary of State

DOCUMENT# N07000007628

Entity Name: LEADERSHIP IMPACT INSTITUTE, INC.

Current Principal Place of Business:

2404 ADAGIO WAY
SARASOTA, FL 34231

New Principal Place of Business:

13330 NORTH BRANCH RD
SARASOTA, FL 34240

Current Mailing Address:

2404 ADAGIO WAY
SARASOTA, FL 34231

New Mailing Address:

13330 NORTH BRANCH RD
SARASOTA, FL 34240

FEI Number: 26-1566366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEE, HOWARD G
2014 FOURTH ST
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

ROBBINS, LOYD M
2404 ADAGIO WAY
SARASOTA, FL 34231 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LOYD ROBBINS 12/18/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROBBINS, LOYD
Address: 2404 ADAGIO WAY
City-St-Zip: SARASOTA, FL 34231

Title: VP (X) Delete
Name: MEEKS, JIM
Address: 462 SOUTH 4TH AV. SUITE 1900
City-St-Zip: LOUISVILLE, KY 40202

Title: SEC ( ) Delete
Name: GASSEL, GARY
Address: 13330 NORTH BRANCH RD
City-St-Zip: SARASOTA, FL 34240

Title: TRES ( ) Delete
Name: HOHMEIER, TOM
Address: 1861 STERLING HEIGHTS CT
City-St-Zip: ANTIOCH, IL 60002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOYD ROBBINS PRES 12/18/2009
Electronic Signature of Signing Officer or Director Date